

Case Number:	CM14-0069561		
Date Assigned:	07/14/2014	Date of Injury:	11/03/2011
Decision Date:	09/09/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/14/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year-old patient sustained an injury on 11/3/11 while employed by [REDACTED]. Request(s) under consideration include Exalgo 12mg, #30. Diagnoses included lumbar disc degenerative disease/ radiculopathy; and neck pain. Report of 4/4/14 from the provider noted the patient with persistent neck and low back pain rated at 4-5/10 with and without medications. Exam showed negative Spurling's sign; negative straight legs raises (SLR); and diffuse cervical and lumbar range of motion. Request(s) for Exalgo 12mg, #30 was non-certified on 4/16/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Exalgo 12mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96, On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects Page(s): 74-96,.

Decision rationale: This 55 year-old patient sustained an injury on 11/3/11 while employed by [REDACTED]. Request(s) under consideration include Exalgo 12mg, #30. Diagnoses included lumbar disc degenerative disease/ radiculopathy; and neck pain. Report of 4/4/14 from the provider noted the patient with persistent neck and low back pain rated at 4-5/10 with and without medications. Exam showed negative Spurling's sign; negative SLR; and diffuse cervical and lumbar range of motion. Request(s) for Exalgo 12mg, #30 was not medically necessary and appropriate, citing guidelines criteria and lack of medical necessity.